

6. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.


7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Board's website.

10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

REVIEWED AND ACCEPTED THIS 10 DAY OF Feb, 2013.



Joseph C. Collins, D.O.

JURISDICTIONAL STATEMENTS

1. The Board is empowered, pursuant to A.R.S. § 32-1800, et seq., to regulate the licensing and practice of osteopathic medicine in the State of Arizona.

1 2. Respondent holds license No. 3858 issued by the Board to practice as an
2 osteopathic physician.

3 **FINDINGS OF FACT**

4 1. On or about March 1, 2012, the Board received a complaint from patient S.A.'s
5 mother, then a 21 year old man, about the quality of care he was receiving from Respondent, as
6 S.A. was a known heroin addict. She felt Respondent was prescribing pain medication
7 inappropriately.

8 2. The Board's medical consultant reviewed Respondent's file for patient S.A. and
9 also performed a pharmacy audit and chart review on Respondent. The medical consultant's
10 review found that Respondent routinely ignored signs of possible drug abuse and diversion by
11 his patients.

12 3. On September 15, 2012, the Board held an Investigative Hearing in case number
13 DO-12-0025A. The Board heard testimony from Respondent and the complainant.

14 4. At the conclusion of the Investigative Hearing, the Board found Respondent had
15 violated A.R.S. § 32-1854 (5), (6), (38), and (44) because he filled prescriptions for controlled
16 substances for patients who were likely abusing opioids and benzodiazepines, he conducted
17 incomplete history and physical examinations, he failed to obtain proper diagnostic and outside
18 referrals, and Respondent was prescribing controlled substances to a patient with a known
19 history of drug abuse and Respondent continued prescribing controlled substances even after the
20 patient demonstrated an abuse of narcotics.

21 5. The Board voted to continue the Investigative Hearing but to also offer
22 Respondent a practice restriction from prescribing controlled substances and to undergo a
23 practice evaluation by the Physician Assessment and Clinical Education (PACE) program at the
24 University of San Diego. After the Investigative Hearing, Respondent did not sign the Consent
25 Agreement and did not make the appropriate arrangements to be evaluated by PACE

1 6. On November 21, 2012, the Board held a telephonic conference and Respondent
2 appeared by phone with his practice manager, Darren Hobbs. Respondent advised he would
3 agree to sign the Consent Agreement with the practice restriction and that he would seek a
4 practice evaluation.

5 7. On November 26, 2012, the Board entered into a Consent Agreement with
6 Respondent which restricted his practice by prohibiting him from prescribing controlled
7 substances.

8 8. On November 27, 2012, Respondent was ordered to undergo a practice evaluation
9 at PACE, C.P.E.P, or other program pre-approved by the Board's Executive Director. He was to
10 schedule the evaluation by December 14, 2013, and complete the evaluation by May 15, 2013.
11 Respondent requested approval for another evaluation program, LifeCare. Due to illness and
12 delay by the Executive Director in approving this other program, she extended the deadline
13 another week, until December 21, 2012, for Respondent to schedule the evaluation.
14 Subsequently, on or about December 20, 2012, Respondent advised he would not be able to
15 afford the evaluation and would prefer to retire or surrender his license. Respondent was advised
16 that he could not retire his license but that the Board could consider accepting his surrender at its
17 meeting on January 26, 2013.

18 9. On January 20, 2013, Respondent submitted a document to the Board wherein he
19 advised he wanted to retire and was surrendering his license to practice effective January 20,
20 2013. On January 22, 2013, he left a message on the Board's voice mail that he would not be
21 attending the Board meeting on January 26, 2013.

22 CONCLUSIONS OF LAW

23 1. The conduct and circumstances described above constitutes unprofessional
24 conduct pursuant to A.R.S. § 32-1854(5), which states, "Prescribing, dispensing or administering
25 controlled substances or prescription-only drugs for other than accepted therapeutic purposes.

2. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1854(6), which states, "Engaging in the practice of medicine in a manner that harms or may harm a patient or that the Board determines falls below the community standard."

3. The conduct and circumstances described above constitutes unprofessional practice pursuant to A.R.S. § 32-1854(25) which states, “Violating a formal order, probation, or a stipulation issued by the board under this chapter.”

4. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1854(38), which states, "Any conduct or practice that endangers a patient's or the public's health or may reasonably be expected to do so."

5. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1854(44), which states, “Conduct that the board determines constitutes gross negligence, repeated negligence or negligence that results in harm or death of a patient.

ORDER

1. **IT IS HEREBY ORDERED THAT** License Number 3858, previously issued to Joseph C. Collins, D.O., for the practice of osteopathic medicine in the State of Arizona, is **SURRENDERED**, and that Joseph C. Collins, D.O. shall no longer engage in the practice of medicine in the State of Arizona after the effective date of this Order.

2. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action and or referral to the appropriate criminal agency.

ISSUED THIS 12th DAY OF February, 2013.

STATE OF ARIZONA
BOARD OF OSTEOPATHIC EXAMINERS
IN MEDICINE AND SURGERY

By: Jenna Jones
Jenna Jones, Executive Director



Original "Consent for Surrender of License" filed this 12th day of February, 2013 with the:

Arizona Board of Osteopathic Examiners
In Medicine and Surgery
9535 East Doubletree Ranch Road
Scottsdale AZ 85258-5539

Copy of the foregoing "Consent for Surrender of License" sent via mail this 12th day of February, 2013 to:

Joseph C. Collins, DO.
Address of record

Copy of the foregoing "Consent for Surrender of License" sent via electronic mail this 12th day of February, 2013 to:

Sarah Selzer, Asst Attorney General
Office of the Attorney General CIV/LES
1275 West Washington
Phoenix AZ 85007

